#13

An
Inaugural Dissertation
on
Hydrothorax by

J. C. Skinner

admitted March 7th 1821

Hy

In every cavity a
ly, there is a constant
the purpose of lubrica
ed, and thus, preventing
ion recur. As fast as
mouths of the exhalent
the body by another set
this effusion of fluid is
ation, without it the
etal organ would be
respective functions.
in the human fabric,
changes. These may be
increased absorption of th
ronically denominated
times according to the f
which the fluid is acc
ion it is called ascites, if

Hydrothorax.

In every cavity and interstice in the human body, there is a constant effusion of a fluid which serves the purpose of lubricating the parts over which it is effused, and thus, preventing any obstruction which might otherwise occur. As fast as this fluid is poured from the mouths of the exhalents, it is taken up and removed from the body by another set of vessels, denominated absorbents. This effusion of fluid is necessary to every viscus in the system, without it the heart, the lungs and every other vital organ would be incapable of performing their respective functions. But like every thing else concerned in the human fabric, this secretion is subject to morbid changes. There may be an increased effusion or a diminished absorption of the fluid giving rise to a disease generically denominated dropsy, which receives different names according to the particular part of the body in which the fluid is accumulated; thus, if in the abdomen, it is called ascites, if in the cellular membrane,

anemia; and if in
of these different fo
subject of a few rem
of hydrothorax or
subject, it will be
causes of dropsy, in g
dropsy arises from a
which exists in perv
the absorbent and ex
tendency to destroy
consequence, produce
and on the two sets of
tissues which render
performing their functi
kind of derangement,
quantity of the fluid
be the most frequent
international effec
from general pl
pathone of the veins.

anasarca; and if in the thorax, hydrothorax.
Of these different forms of dropsy, I have chosen as the subject of a few remarks, that which has received the title of Hydrothorax or Hydrops pectoris; but, in treating this subject, it will be necessary to describe the common causes of dropsy, in general, as connected with it.
Dropsy arises from a destruction of that exact balance which exists in perfect health between the powers of the absorbent and exhalent vessels; whatever, therefore, has a tendency to destroy this equilibrium, will, as a natural consequence, produce the disease. This relation existing between the two sets of vessels may be interrupted, by circumstances which render the absorbents incapable of properly performing their function, or by the exhalents being in such a state of derangement, as to pour out a super-abundant quantity of the fluid. The latter of these is supposed to be by far the most frequent cause of the disease.
A preternatural effusion may arise;
First; from general plethora, but more particularly a plethora of the veins. The blood vessels, in this case, being

in such a loaded state
chose rather to disburde
a vessel, than at once
by a fatal hemorrhag
or by a suppression
said sanguiferous eva
changes of the catame
and by obstructions
the blood; and by any
secondly, any thing, w
system, may be the cau
and thereby dropsy. o
and habitual drunk
ability frequently prepa
disability may not on
but, also, to a dim
absorbent vessels unab
but more frequently
most previous disease,
allowed pneumonia, p

in such a loaded state as to require relief by some means, choose rather to disburden themselves by an increased secretion of serum, than at once to terminate the existence of the patient by a fatal hemorrhage. This plethora may be occasioned by a suppression or retention of some one of the natural sanguiferous evacuations, as the hemorrhoidal discharges or the catamenia of females; also, it may be produced by obstructions in the veins, preventing the return of the blood; and by any of the common causes of plethora. Secondly; any thing, which induces general debility of the system, may be the cause of an increased exhalation and thereby dropsy. Among these causes may be mentioned habitual drunkenness, which, by inducing indirect debility, frequently prepares the way for dropsical effusions. This debility may not only be favorable to an excessive effusion, but, also, to a diminished absorption, rendering the absorbent vessels unable to execute their function. But more frequently such effusions result from some previous disease, particularly, from a neglected or ill cured pneumonia, from intermittent fevers of long

standing, from diarrhoea
mentalis, scarlatina
publish induce debility
finally, there sometimes
or hereditary predis
ected by any of the
intermittent fever.
Thirdly; sometimes, also,
bility accompanied with
without any other ev
Fifthly; some maintain,
abundant quantity
the cause of a preternat
tion of serous fluid
taking large drams h
of the system has bee
, in which case, there is
mentories, by which the
induced by a constricte
the urine from being secre

standing, from diarrhœa, dysentery, gout, asthma, phthisis pulmonalis, scarlatina, and most of the exanthemata, all of which induce debility and ultimately dropsy.

Thirdly; there sometimes exists a peculiar hydropic diathesis or hereditary predisposition in the system, which may be excited by any of the causes just mentioned, especially by intermittent fever.

Fourthly; sometimes, also, dropsy may depend upon gastric debility accompanied with a cachectic condition of the system without any other evident cause.

Fifthly; some maintain, that, any thing, which produces a superabundant quantity of serum in the blood, may be the cause of a preternatural effusion. An excessive proportion of serous fluid in the blood, may be produced, by taking large draughts of cold water, when the temperature of the system has been excited above the natural degree, in which case, there is a defect in the kidnies and other emunctories, by which the fluid should be carried off, produced by a constriction in these parts, which prevents the serum from being secreted in the natural way; it is,

consequently, retained
exhaustated and discha
the same principles,
a moist atmosphere o
ordinary excretions of
its, also, the opinion o
ting a large quantity
a quantity of crassam
larger proportion of
which may be effus
cause dropsy. But
not taken away in
its in the circulation
undoubtedly, more freq
of digestion and assim
stituents from being
forms of chlorosis, dys
bles we have just me
produced by a rupture
case the chyle, instead

consequently, retained in the blood from which it is afterwards separated and discharged in some one of the cavities. Upon the same principles, it is supposed, that, a mere exposure to a moist atmosphere may cause dropsy, by interrupting the ordinary excretions of urine and perspiration. Besides this, it is, also, the opinion of Dr Cullen and others, that by detracting a large quantity of blood from the circulation, too great a quantity of crassamentum will be taken away and a larger proportion of serum than is necessary will remain, which may be effused in some one of the cavities and cause dropsy. But may we not ask, why, the serum is not taken away in the same proportion (in which it exists in the circulation) with the other ingredients. It is undoubtedly, more frequently owing to a defect, in the organs of digestion and assimilation; which prevents these constituents from being formed, as is manifested in the worst forms of chlorosis, dyspepsia &c. Upon the same principles we have just mentioned, a similar effect may be produced by a rupture of the thoracic duct; in which case the chyle, instead, of being conveyed to the blood, is

poured into the tho
fluid and the serou
and poured from th
Until very lately, b
tion, dropsy was bel
a too great laxity
diathesis. But, an
monstrated, that th
ly inflammatory c
seems clearly to be
which proceed from
nal viscera, which p
Nor can it be questio
commonly, the result
that organ. Nevert
dropsy is, sometimes,
ferent conditions of
be, if possible, accur
is often extremely dif
writer considerable

poured into the thorax, and thus, we have a mixture of this fluid and the serum which is secreted from the blood and poured from the mouths of the exhalents.
Until very lately, by the European writers without an exception, dropsy was believed to depend upon what they called a too great laxity of the system or an antiphlogistic diathesis. But, American physicians have, perhaps, demonstrated, that the disease, generally, is owing to a highly inflammatory condition of the system; this, at least, seems clearly to be the cause in those cases of ascites which proceed from a disease of some one of the abdominal viscera; which presupposes an inflammatory action. Nor can it be questioned, that, dropsy of the brain, is most commonly, the result of a highly inflammatory state of that organ. Nevertheless, it must be admitted, that, dropsy is, sometimes, associated with and affected by different conditions of the system, which, therefore, should be, if possible, accurately ascertained. This, however, is often extremely difficult; though, it is said by a writer of considerable note (Blackall) that the qualities

of the urine will,
which we can deter
with which dropsy
According to this w
urine is, always, co
by heat or nitric ac
Secondly; in dropsy
either schirrosities or
lutic diathesis, the
deposits a lateritious
by heat or nitric ac
Thirdly; in dropsy o
scanty, pale and not
whatever. However c
may be, yet, perhaps, t
afford the best criteria
of the case.

These remarks on th
to consider that particu
used as the subject of

of the urine will, always, afford a certain criterion by which we can determine the condition of the system with which dropsy is associated.

According to this writer, in dropsy of high action, the urine is, always, coagulable, like the serum of the blood, by heat or nitric acid.

Secondly; in dropsy associated with visceral unsoundness, either schirrosities or obstructions, or connected with a scorbutic diathesis, the urine is scanty, high coloured and deposits a lateritious sediment; but, not coagulable by heat or nitric acid.

Thirdly; in dropsy of feeble action, the urine is, always, scanty, pale and not coagulable, depositing no sediment whatever. However correct these remarks of Dr Blackall may be, yet, perhaps, the pulse and other circumstances afford the best criteria by which we can judge of the nature of the case.

These remarks on the causes of dropsy in general, lead us to consider that particular form of the disease, which was proposed as the subject of this dissertation.

By Hydrothorax, as its
a watery fluid in the ca
cumulated in one or both
in the pericardium; and
that, it may be collecte
the Lungs; forming wh
nalis, but, this opinion is
Hydrothorax is most com
particularly of pneumon
is said by Blackall that
produce the disease. It
of the heart and aorta;
the lungs. These with the
mentioned effect the prode

Symptoms of

This disease most comm
advance, somewhat, advanc
who have addicted them
but, deviating from this ge
the young and temperate

By Hydrothorax, as its name imports, is meant a collection of a watery fluid in the cavity of the chest. This fluid may be accumulated in one or both sacs of the pleura and sometimes also in the pericardium; and it is, indeed, asserted by Dr Cullen, that, it may be collected even in the cellular substance of the Lungs; forming what has been called anasarca pulmonalis, but, this opinion is by no means established.

Hydrothorax is most commonly symptomatic of other diseases, particularly of pneumonia, of intermittent fever &c; and it is said by Blackall that affections of the liver very frequently produce the disease. It may also be occasioned by diseases of the heart and aorta; by tubercles and other diseases of the lungs. These with the common causes of dropsy before mentioned effect the production of this very formidable malady.

Symptoms of Hydrothorax.

This disease most commonly selects for its attack persons, who are, somewhat, advanced in years, and particularly those who have addicted themselves to the practice of inebriation. But, deviating from this general course, it, sometimes, attacks the young and temperate.

Hydrothorax may o
aware of it, at length
a sense of tightness an
and a dyspnœa whe
able; but, after the di
becomes more aggrava
on activity, as a pain
side so much resem
ex is not unfrequent
disease. Also, there a
the bowels accompan
ess of a clay colour,
ey in the secretion o
is more or less of a p
with a loss of appetite
taking food.
The symptoms above
and, if not relieved,
dyspnœa gradually
accumulate in the

Hydrothorax may exist a long time without the patient being aware of it, at length, however, it begins to develop itself by a sense of tightness and oppression about the scrobiculus cordis, and a dyspnœa which in the commencement is very inconsiderable; but, after the disease has existed some time, it gradually becomes more aggravated, particularly when the patient ascends an acivity, as a pair of stairs. There is often a pain in the side so much resembling pneumonia, that, the practitioner is not unfrequently induced to mistake it for that disease. Also, there attends this disease a constipation of the bowels accompanied with flatulency, and the stools are of a clay colour, which, clearly, indicates a deficiency in the secretion of bile; occasionally, likewise, there is more or less of a jaundice. These symptoms are attended with a loss of appetite and oppression, particularly after taking food.

The symptoms above described continue for some time, and, if not relieved, become greatly aggravated. The dyspnœa gradually increases as the water continues to accumulate in the chest; the patient finds great dif=

lying in a horizo
almost incessant
quently, he starts fro
it along, and to rel
he is obliged to stand
continues to incr
unable to lie dow
to be supported in
the countenance of
that is pale, with the
hue of a purple ha
oppression of great a
the day, is now attend
mucus or phlegm; t
and deposits a sed
lower extremities be
not unfrequently, t
tremities, and &c. &c.
raised the patients
wrap the wrists. If

ficulty in lying in a horizontal posture; when, he attempts to sleep, he is almost incessantly tormented with alarming dreams; frequently, he starts from his sleep, as if he was in the greatest agony, and to relieve himself from this wretched condition, he is obliged to stand erect. This difficulty of respiration continues to increase, until, finally, the patient is unable to lie down at all; he is, therefore, obliged to be supported in a sitting position.
During the continuance of this disease, the countenance of the patient is pale, with the exception of his cheeks and lips, which are of a purple hue; moreover, his features have the expression of great anxiety. The cough which was, at first, dry, is now attended with an expectoration of a ropy mucus or phlegm; the urine becomes scanty, high coloured and deposits a red or pink coloured sediment. The lower extremities become affected with anasarca; and not unfrequently, there is a numbness of the superior extremities, and Dr. Chapman relates that he has often heard the patients complain of a sense of stricture across the wrists. If the effusion be in one

the pleura, the patient,
and to the eye, it
side. There is a very
of deglutition; and
cough. The pulse
hard, and very often
or lip hypercrisis. Some
be perceived in the
himself or by the practi
the symptoms which
usually, cases occur in
to ascertain the existence
of 1819, the writer had
and surgical. A boy, about
bled to a practitioner
slight dyspnœa, without
These symptoms led to
of the nature of dropsy
of Hydrothorax. But
placed under the direc

sac of the pleura, the patient, will, always, prefer lying on that side, and to the eye, it will appear much larger than the opposite side. There is a very great thirst and sometimes a difficulty of deglutition; and now and then palpitations of the heart occur. The pulse in Hydrothorax, is frequent, full, and hard, and very often irregular, attended always with more or less pyrexia. Sometimes, a distinct fluctuation may be perceived in the cavity of the chest, by the patient himself or by the practitioner.
Such are the symptoms which characterize Hydrothorax; but, occasionally, cases occur in which, it is, almost impossible, to ascertain the existence of this disease. In the summer of 1819, the writer had the opportunity of seeing this remark verified. A boy, about the age of fifteen years, applied to a practitioner for relief from a cough, with a very slight dyspnaa, without any other evident affection. These symptoms led to the suspicion, that his disease was of the nature of dropsy; accordingly, it was treated as a case of Hydrothorax. But finding no relief, he was, at length, placed under the direction of a more skilful

cism. Even at th
lasted four mon
d it could be pro
ion being still a
ts was persevered in,
on of the follo
thorax and pericar
a considerable quan
the viscera in both
tion.

Diagn

Anthorax is liable to b
as pectoris, organic a
tions of the aorta, and
ing very closely the
ge general, be dist
ssary to ascertain
circumstances on wh
ed. It is said by a
on striking the ster

physician. Even at this juncture, though the disease had existed four months, there was no symptom by which it could be pronounced Hydrothorax. But, suspicion being still awakened, the same course of treatment was persevered in, until, finally the patient died, and on dissection the following appearances were exhibited. The thorax and pericardium were found full of water and a considerable quantity was collected in the abdomen. All the viscera in both cavities were in a highly morbid condition.

Diagnosis

Hydrothorax is liable to be confounded with empyema, angina pectoris, organic affections of the heart, aneurismal dilatations of the aorta, and certain affections of the stomach. By observing very closely the peculiarities of these affections, they may, in general, be distinguished from all others. But, in endeavouring to ascertain the existence of Hydrothorax, there are two circumstances on which the chief reliance should be placed. It is said by a celebrated writer (Corvisart), that, by striking the sternum when the patient is in

posture, the fluctu
and it is, also, afor
that, that, by makin
ymptoms will be agg
of respiration. Th
disease, are exceeding
there is a large collec
may be found to be

Prognosis

rongous judgement, as
s, we should be gui
circumstances of the
ching, the patient em
ng, or if he is under
recover. Among the
ficult breathing to a g
bliged to stand erec
ction, for fresh air. B
ymptoms becoming ag
ameliorated; if he can

an erect posture, the fluctuation of water can be distinctly heard. And it is, also, asserted by Bichat, the French anatomist, that, by making pressure on the abdomen, all the symptoms will be aggravated, particularly the difficulty of respiration. These diagnostics like all others in this disease, are exceedingly equivocal. Probably, however, when, there is a large collection of water in the chest, these may be found to be infallible

Prognosis

In forming our judgement, as regards the termination of Hydrothorax, we should be guided by the symptoms of the disease and the circumstances of the patient. If the symptoms are very pressing, the patient emaciated, or subject to excessive drinking, or if he is under the age of puberty, he will scarcely recover. Among the most unfavorable symptoms are, difficult breathing to a great extent, the patient being obliged to stand erect, panting constantly, with his mouth open, for fresh air. But on the contrary, if, instead of the symptoms becoming aggravated, they are in some measure alleviated; if he can lie down without much

consciousness, and if the
been somewhat adva
life of intemperance,

Path

As regards the patholog
reason still exists. Mo
that the disease is, alw
state of the system, and
caused from this patho
ors and stimulants,
disease was pronounce
ons of the United Sta
have concluded, that
commencement at
and demands for its cu
ship of this pathology
sudden and frequent pec
the symptoms which, cl
tory condition of the sy
by a plan of treatme

uneasiness, and if the disease has selected for its attack a person somewhat advanced in years, who has not led a life of intemperance; our prognosis may be more favorable.

Pathology

As regards the pathology of Hydrothorax a great diversity of opinion still exists. Most of the European writers believe, that, the disease is, always, associated with an atonic state of the system, and, accordingly, their practice deduced from this pathological view was made up of tonics and stimulants, in consequence of which, the disease was pronounced incurable. But, the physicians of the United States, with more evidence of truth, have concluded, that the disease, most commonly, in the commencement at least, is highly inflammatory, and demands for its cure depleting remedies. The correctness of this pathology seems established by the full, hard, and frequent pulse; the pain in the side, and other symptoms which, clearly, indicate a highly inflammatory condition of the system. At all events by pursuing a plan of treatment opposite to that which

mmended by the
that the disease is

Treatment,
ing the disease to
the treatment on
action. For this pu
ort. Always, in
ds frequent pulse
d be resorted to with
ion be restricted to o
circumstances of the
times happens, that,
ery often, the pulse
ed bloodletting; in
the repetition of this
ation the other circ
ing to general bloo
cups or leeches to the
ed by the most respec
ases are recorded of

is recommended by the European writers, we are enabled to say, that the disease is not necessarily an incurable one.

Treatment of Hydrothorax

Believing the disease to be highly inflammatory, our first object in the treatment must be to subdue this inflammatory action. For this purpose, there is no substitute for the lancet. Always, in this disease, when there is a full, hard and frequent pulse, pain in the side &c, venesection should be resorted to without hesitation. Nor should the operation be restricted to once or twice, but repeated as often as the circumstances of the case may require. But it sometimes happens, that, when bleeding has been practised very often, the pulse still indicates the propriety of repeated bloodletting; in judging, therefore, of the propriety of the repetition of this remedy, we must take into consideration the other circumstances of the disease. As auxilliary to general bleeding, we should not neglect to apply cups or leeches to the side. The efficacy of this remedy is attested by the most respectable authority, and, indeed, many cases are recorded of the disease being cured by this

ependent alone; its ulti
after the inflammato
ndent of the remedy,
on the therapy. This rem
promote the absorption
through the skin. From th
on of ascites, it is reasona
the disease now under c
tain its full effects it
ll be found to be the b
ly, before, another is
withstanding these re
we must resort to th
ly on the lymphat
ic remedies, denomina
ssions of these is the sy
is in the language of
tated by Dr Chapman
ed and even vomitin
lt to the patient tha

expedient alone, its utility therefore cannot be doubted.
After the inflammatory action is sufficiently reduced to admit of the remedy, a large blister should be applied over the thorax. This remedy has a great tendency to promote the absorption of the water, and discharge it through the skin. From the utility of this remedy in the cure of ascites, it is reasonable to conclude, that it is equally so, in the disease now under consideration. In order however to obtain its full effects it should be repeated, and it will be found to be the best plan to suffer one to heal entirely, before, another is applied.
Notwithstanding these remedies, if the disease still continues, we must resort to those means which act more directly on the lymphatics; or, in other words, to that class of remedies, denomenated diuretics. By far the most efficacious of these is the Squill. Of this remedy Blackall speaks in the language of enthusiasm; its efficacy, however, is attested by Dr Chapman. From its proneness to produce nausea and even vomiting, it very soon becomes so disagreeable to the patient that he cannot be persuaded

to continue its use a
it is recommended by
of the vinegar or oxy
perhaps the best mod
bination with calom
three grains of the squi
the articles we obtain off
either of them given sepa
raised against this co
that its diuretic powers
calomel is apt to pro
be corrected by adding
In order to obtain the
should be continued
being effected, all the
state. It is the prac
combination with Nit
a week, daily, so as to
support the patients
thing might impair its

to continue its use any length of time. To obviate this effect, it is recommended by Blackall to commence with small doses of the vinegar or oxymel, about 20 or 30 drops. But perhaps the best mode of giving this article is in combination with calomel. The proportions should be about three grains of the squill to one of calomel. By thus combining the articles we obtain effects which could not be expected from either of them given separately. An objection however has been raised against this combination, by Dr Cullen, who supposes that its diuretic powers are interrupted by purging which the calomel is apt to produce; but excessive purging may be corrected by adding a little opium to the combination. In order to obtain the full efficacy of these articles, they should be continued until salivation is induced, which being effected, all the alarming symptoms generally abate. It is the practice of Home to give the squill in combination with nitre, in the proportions of ten grains of each, daily, so as to excite vomiting, and at night to support the patient by means of cordials. As the vomiting might impair its diuretic properties, upon the

whole, the former me
perhaps to be prefered
habit of using the
ence to the squill.
has over the pulse,
be very useful in the
proved, that it is o
that it is at all ad
lucr to the squill.
advocate its utility, i
maintained by him
ful article he ever em
praises which he b
the Colchicum autu
in the treatment of
indebted for the intro
Though rarely given
articles it constitute
the materia medica
example of the differ

whole, the former mode of administering the article is, perhaps, to be prefered. Many practitioners are in the habit of using the digitalis in Hydrothorax in preference to the squill. From the power which the digitalis has over the pulse, it might be supposed, that it would be very useful in the case before us. But, experience has proved, that it is only in the low states of the disease that it is at all admissible; and even then it is far inferior to the squill. Among those who most strenuously advocate its utility, is the celebrated Dr Hamilton. It is maintained by him, that it is decidedly the most useful article he ever employed, in this disease. But the praises which he lavishes on it may not be deserved. The Colchicum autumnale has also been highly extolled in the treatment of Hydrothorax. It is to Dr Ferriar we are indebted for the introduction of this article in this disease. Though rarely given alone, yet, in combination with other articles it constitutes one of the most powerful diuretics the materia medica affords, which shows another example of the different effects obtained by the

combination of ar

℞.

D

To

Op

Sy

These are to be mad

be given four or five

In those cases of

the inordinate use

is said to be the mo

ted by the highest

tion of every practi

In some cases of

lations of phlegm

ding respiration.

doses are highly use

as ipecacuanha, e

will answer exceed

of the pulmonary sy

combination of articles. Dr Ferriar's prescription is as follows (viz)

℞. Extract of Elaterium 1 gr
Dulc. Spirits of Nitre ℥ij
Tincture of squills -- ℥ss
Oxymel of Colchicum ℥ss
Syrup of Buckshorn ℥j

These are to be made into a mixture and one drachm to be given four or five times a day.

In those cases of Hydrothorax which proceed from the inordinate use of ardent spirits the common garlic is said to be the most efficacious remedy. It is recommended by the highest authority and well deserves the attention of every practitioner.

In some cases of Hydrothorax there are large accumulations of phlegm or mucus in the bronchia, impeding respiration. In such cases emetics in nauseating doses are highly useful. Small doses of Tartar Emetic or Ipecacuanha, either in combination or given alone, will answer exceedingly well. But when this condition of the pulmonary system does not exist, emetics in any

ge, will, in general
mentioned that Fl
stipation of the bowe
gatives might be
d all other diseases
extensive vacuatio
ny, to obviate the co
ary to employ the la
Warm bath.
ough the pathology
be generally correct,
t cases now and then
ute type, in which
ther inadmissible.
t to the stimulatin
t, and support the
of the disease, parti
tion diarrhœa is ve
d should be commen
ent medicines.

shape, will, in general, be pernicious. It has before been mentioned that Hydrothorax was attended with constipation of the bowels. From this circumstance purgatives might be thought useful; but, in this, as well as all other diseases of the chest, the system cannot bear extensive evacuations from the bowels. In order, therefore, to obviate the constipation, it will, only, be necessary to employ the laxative medicines, as Glauber's or Epsom Salt.

Though the pathology and treatment above supported be generally correct; yet, it must be admitted, that cases now and then occur which bear a directly opposite type, in which case depletory measures are altogether inadmissible. In this atonic dropsy we must resort to the stimulating diuretics from the commencement, and support the tone of the system. In this form of the disease, particularly in the latter stages, colliquative diarrhoea is very apt to occur; when this happens, it should be immediately restrained by the astringent medicines.

As regards the d
it depends very mu
as long as any inf
system, it should
consist only of the
dropsy it should b
off throughout the wo
complains of an alm
under such circum
in drinks; the best of
with the vegetable a
After this disea
patient is peculiarly
this, he should strenu
to exposure to cold, t
should guard again
of life, and should p
his system by mean
He moreover should
off to regular exerc

As regards the diet of the patient during this disease, it depends very much on the circumstances of the case. As long as any inflammatory diathesis exists in the system, it should be low, and in some cases it should consist only of the farinaceous articles; but in atonic dropsy it should be more nourishing and stimulating. Throughout the whole course of this disease, the patient complains of an almost insatiable thirst. It will be proper under such circumstances to indulge him pretty freely in drinks; the best of which are, common water acidulated with the vegetable acids; the infusion of Juniper berries &c.

After this disease has been apparently cured, the patient is peculiarly liable to a return. In order to obviate this, he should strenuously avoid all the exciting causes, as exposure to cold, to the vicissitudes of weather &c. He should guard against any deviations in his diet or habits of life, and should preserve an equable temperature of his system by means of wearing flannel next his skin. He moreover should avoid idleness and accustom himself to regular exercise. When there exists a strong pre-

disposition to a relap
cury given with a view
be found to be the b
Notwithstanding
the disease sometime
a fatal issue. This
sudden, or preceded
and an increased d
apparent recoveries an
the system becomes
heavy load.

disposition to a relapse, a moderate mercurial course, or mercury given with a view to its alterative effect, will, generally, be found to be the best prophylactic.

Notwithstanding the rigorous use of these remedies the disease sometimes pursues its course, and hurries to a fatal issue. This unfortunate end may be, either very sudden, or preceded a few days by a spitting of blood, and an increased dyspnœa; or the patient may have apparent recoveries and relapses for a long time, until, finally the system becomes worn out and sinks under the heavy load.

A
Inaugural Essay
on
Hydrothorax
Submitted to the Faculty
and Medical Society
of the
University of Pennsylvania
for
the Degree of M.D.
by
Francis A. Kilton
of
Virginia

Admitted March 18th 1822

C

Sub

Subm

And. M

Unive

Th

admitted